

LEOMINSTER RECREATION DEPARTMENT

Preschool Program 2006

For ages 2.9 - 5

Registrations are done on a first-come first served basis or lottery with priority given to Leominster residents. The Leominster Recreation Department reserves the right to cap the number of registrations for any program based on availability of personnel, facilities or any other factors affecting the program.

Registrations and payments may be mailed to 25 West Street, Leominster, MA 01453 or dropped off at The Leominster Recreation Department, 40 Barrett Parkway, Leominster, MA for all programs. The deadline for weekly registrations with payments must be made on the Thursday prior to the following week. After the initial registration, further weekly payments can be made at the site.

The Recreation Department will hold its Preschool Program this year, rain or shine. The Programs will run for 6 weeks, 1 - week sessions, beginning July 5th and ending August 11, 2006. Hours are 9:00 – 3:00 p.m. There will be extended day available this year for an additional cost if needed. Extended day costs are \$3.00 per hour. Extended day hours are 7:00 a.m. – 9:00 a.m. and 3:00 p.m. – 5:30 p.m. If you wish to sign your child up for extended day please fill out the extended day form. Non-Resident Fee: Add \$5.00 per program. Children will have an opportunity to play sports, games, try their hands at arts and crafts, and explore nature with other participants, field trips, story time and more.

PRE – SCHOOL PROGRAM: Ages 2.9 – 5. Location: Skyview

REGISTRATION FEE: WEEK 1 – 6: \$75.00 per week/per child or \$19.50 per day. (\$28 registration fee will be collected at time of registration which will be applied to the last week the child attends the program). Payments may be taken at site location for this program only.

Days attending: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Please **CIRCLE** the weeks you are registering your child for.

	Week 1 July 5 – 7	Week 2 July 10 – 14	Week 3 July 17 – 21	Week 4 July 24 – 28	Week 5 July 31 – Aug. 4	Week 6 Aug. 7 – 11	
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Participant First Name: _____ Last Name: _____

DOB: _____ AGE: _____ GRADE: _____ Sex: Male _____ Female _____

Address: _____ Home Phone: _____

City/State: _____ Zip: _____ E-mail: _____

EMERGENCY CONTACT INFORMATION

*When emergency situations arise, we want to be able to handle them according to your wishes, if possible.

Please fill in ALL the following information. Indicate by number () the order of preference for contacting the people listed.

Mother's Name: _____ () Mother's Phone #: _____

() Mother's Work #: _____ () Mother's Cell #: _____

Father's Name: _____ () Father's Phone #: _____

() Father's Work #: _____ () Father's Cell #: _____

Emergency Contact: _____ () Emergency Phone: _____

Doctor's Name: _____ () Doctor's Phone: _____

The Leominster Recreation Commission reserves the right to suspend any child from the program if there are behavioral problems that cannot be resolved.

GENERAL HEALTH: _____ ALLERGIES: _____

ANY SPECIAL MEDICAL CARE? _____

ACTIVITY RESTRICTIONS: _____

MY CHILD CAN BE PICKED UP **ONLY** BY (other than parent)

1. _____ 2. _____

**THIS FORM
MAY BE
DUPLICATED.**

Please fill out emergency information and sign on the reverse side----→

PHOTOGRAPHY CONSENT AND WAIVER

___ My child _____ has permission to be photographed during Recreation programs for publicity purposes by members of the press.

___ My child _____ has permission to be photographed by Leominster Recreation staff only, and NOT by the press for publicity purposes.

___ My child _____ may NOT be photographed at any time.

I agree not to hold responsible the Leominster Recreation Commission; the City Of Leominster; the owners of the premises where the programs are held; or any of the parties connected with the program for any injury or accident that may occur during the program. I understand that if my child becomes a discipline problem, he/she will be dismissed from the program. No money will be refunded. I also grant permission for the Recreation Staff to seek medical care in the event I cannot be reached (All participants in any city recreation program must sign this waiver.)

Sign Here: Parent/Guardian: _____ Date: _____

LEOMINSTER RECREATION DEPARTMENT, 25 WEST STREET, LEOMINSTER, MA 01453
978-534-7529

FOR OFFICE USE ONLY:

1. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

2. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

3. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

4. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

5. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____

6. Date: _____, Amount: _____ Check#: _____, Cash: _____, Receipt#: _____